

Southern Alleghenies Museum of Art ARTS-IN-EDUCATION PROGRAM Museum Educator Presentations



Application Form

PLEASE COMPLETE **ALL** FIELDS BELOW

School District: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Teacher(s): _____

Phone: (____) _____ E-mail: _____

Summer Form of Contact: _____

Requested Dates of Presentations: _____

Grade Level(s): _____

Billing Information

Number of Arts-in-Education packages: _____

Billing Person: _____

Billing Address: _____

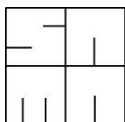
Billing Phone Number: _____

Requirements

- ❖ Teacher must remain in room for all presentations
- ❖ Class schedule provided to Museum educator prior to visit
- ❖ Single location for all presentations
- ❖ Assistance loading and unloading artwork
- ❖ Safe storage of artwork
- ❖ Acknowledgment of SAMA and PCA in all publications

Signature: _____ Date: _____

FOR AIE PACKAGES TAKING PLACE DURING THE 2013-2014 SCHOOL YEAR



Pease return completed forms to:
SAMA-Loretto, attn: Jessica Campbell, PO Box 9 Loretto, PA 15940

Phone: 814-472-3920 • Fax: 814-472-4131 • E-mail: jcampbell@sama-art.org

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